

Attorney Docket No.: 03226/497001; P9016

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV766457400US, in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 22, 2006
Date

Melba V. Wiesen
Signature

32615
PATENT TRADEMARK OFFICE

Debra V. Wieser

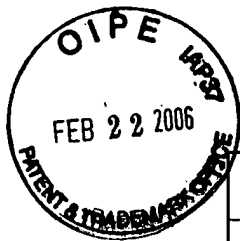
Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Amendment (14 pages)
Fee Transmittal (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
Charge \$100.00 to credit card
Return Receipt Postcard (1 page)



2-23-06

IFW \$ Col

AMENDMENT TRANSMITTAL LETTER

Docket No.
03226/497001; P9016Application No.
10/608,881-Conf. #7839Filing Date
June 26, 2003Examiner
D. Y. MyintArt Unit
2162

Applicant(s): Shivaram Bhat, et al.

Invention: RESOURCE NAME INTERFACE FOR MANAGING POLICY RESOURCES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

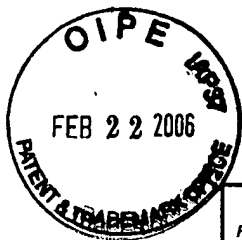
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 27 =	2	x 50.00	100.00
Independent Claims	4	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					100.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 50-0591 in the amount of \$ _____.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0591 as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Robert P. Lord
Attorney/Agent Reg. No.: 46,479OSHA · LIANG LLP
1221 McKinney St., Suite 2800
Houston, Texas 77010
(713) 228-8600

Dated: February 22, 2006

32615

PATENT TRADEMARK OFFICE



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/608,881-Conf. #7839
		Filing Date	June 26, 2003
		First Named Inventor	Shivaram Bhat
		Examiner Name	D. Y. Myint
		Art Unit	2162
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	03226/497001; P9016
TOTAL AMOUNT OF PAYMENT		(\$)	100.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha - Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
29	- 29 =	x 50.00 =	100.00	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 =	x	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,479
Name (Print/Type)	Robert P. Lord	Telephone	(713) 228-8600
		Date	February 22, 2006



Docket No.: 03226/497001; P9016
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Shivaram Bhat, et al.

Conf. No.: 7839

Application No.: 10/608,881

Art Unit: 2162

Filed: June 26, 2003

Examiner: D. Y. Myint

For: RESOURCE NAME INTERFACE FOR
MANAGING POLICY RESOURCES

32615
PATENT TRADEMARK OFFICE

REPLY UNDER 37 C.F.R. § 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 15, 2005, please reconsider this application in view of the following.

02/24/2006 HTECKLU1 00000073 10608881

01 FC:1202

100.00 0P